

MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13509

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death.

**10 FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician or attending physician, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

13497

1. DECEASED-NAME (Type or print)		First <b>SUSIE</b>	Middle <b>AMELIA</b>	Lost <b>BOUNDS</b>	2d. DATE OF DEATH Month <b>Sept.</b>	Doy <b>14</b>	Year <b>1968</b>	2b. HOUR <b>54 M</b>	
3. SEX <b>Female</b>	4. RACE <b>White</b>			S. DATE OF BIRTH <b>Aug. 9, 1900</b>	6. AGE (In years at birthday) <b>68</b>	IF UNDER 1 YEAR MONTHS <b>YRS.</b>		IF UNDER 24 HRS. HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) <b>Maryland</b>	7b. CITIZEN OF WHAT COUNTRY? <b>USA</b>	B. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		9. COUNTY OF DEATH <b>Somerset</b>					
10. CITY OR TOWN OF DEATH <b>Crisfield</b>	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <b>Own Home</b>		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <b>Housewife</b>		12b. KIND OF BUSINESS OR INDUSTRY <b>None</b>				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <b>Maryland</b>	13b. COUNTY <b>Somerset</b>	13c. CITY OR TOWN <b>Crisfield</b>	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	13e. STREET AND NUMBER <b>19 Chesapeake Ave.</b>					
14. FATHER'S NAME <b>George</b>	First <b>L.</b>	Middle <b>Ward</b>	15. MOTHER'S MAIDEN NAME <b>Mary</b>	Address <b>W. Sterling</b>					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown <b>No</b>	16b. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mrs. Louise Bodek, Same as 13.</b>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Vascular Accident</b> 4360 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) <b>Hypertension &amp; Generalized Arteriosclerosis 20 Years</b> stating the underlying cause (c) <b>331X</b>									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <b>Right foot/calf &amp; block; Obesity, exogenous</b>									
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)							
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State				
22a. I certify that (I) (this hospital) attended the deceased from <b>8/21</b> , 19 <b>68</b> , to <b>9/11</b> , 19 <b>68</b> , that (I) (we) last saw the deceased alive on <b>9-11</b> , 19 <b>68</b> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.						22c. DATE SIGNED <b>9-16-68</b>			
22b. SIGNATURE <i>James A. Sterling</i>	22d. PHYSICIAN'S NAME (Type) <b>James A. Sterling, M.D.</b>	22e. ADDRESS <b>Crisfield, Maryland</b>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept 17, 1968</b>	23c. NAME OF CEMETERY OR CREMATORIAL <b>Crisfield Cemetery</b>	23d. LOCATION (City or Town) <b>Crisfield, Somerset, Md.</b>	(County)	(State)				
24. FUNERAL DIRECTOR <b>Bradshaw &amp; Sons, Crisfield, Md. 21817</b>	ADDRESS		25a. REC'D BY REGISTRAR <b>Charles Judge</b>	25b. REGISTRAR'S SIGNATURE					
DATE <b>SEP 20 1968</b>									

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**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death.

**Page 4 may be retained by the hospital or attending physician**  
**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completed, **fill in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after death.**

13493  
Item#23d, FilmG404 9/20/68 km  
MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13510

1. DECEASED NAME (Type or print)	First <i>Margie</i>	Middle	Last <i>Bromley</i>	2a. DATE OF DEATH Month <i>Sept</i>	2b. HOUR Year <i>12 1968 2A M</i>					
3. SEX <i>Female</i>	4. RACE <i>White</i>	5. DATE OF BIRTH <i>Sept 27 1884</i>	6. AGE (In years last birthday) <i>83 YRS.</i>	7. IF UNDER 1 YEAR MONTHS <i>0</i>	8. IF UNDER 24 HRS. DAYS <i>0</i>	9. IF UNDER 24 HRS. HOURS <i>0</i>	10. IF UNDER 24 HRS. MIN. <i>0</i>			
7a. BIRTHPLACE (State or foreign country) <i>Md</i>	7b. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED	9. COUNTY OF DEATH <i>Somerset</i>							
10. CITY OR TOWN OF DEATH <i>Royal Princess Anne</i>	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <i>Housewife</i>	12b. KIND OF BUSINESS OR INDUSTRY <i>RFD #2</i>							
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <i>Md.</i>	13b. COUNTY <i>Somerset</i>	13c. CITY OR TOWN <i>Princess Anne</i>	13d. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13e. STREET AND NUMBER <i>RFD #2</i>						
14. FATHER'S NAME First <i>Elijah Chatham</i>	Middle	Last	15. MOTHER'S MAIDEN NAME First <i>Orlena Steward</i>	Middle	Last					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown <i>No</i>	16b. SOCIAL SECURITY NO. (If yes give war or dates of service)	17. INFORMANT <i>Norman Bromley</i>	Address <i>Route #2</i>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>3 years</i>						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Tuberculosis</i> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause <i>Pulmonary Raryngitis</i> (b) DUE TO, OR AS A CONSEQUENCE OF (c)										
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <i>0021</i>										
19a. DATE OF OPERATION <i>0021</i>	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State					
22a. I certify that (I) (this hospital) attended the deceased from _____, 19_____, to _____, 19_____, that (I) (we) last saw the deceased alive on _____, 19_____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.										
22b. SIGNATURE <i>Eldon G. Markman</i>	22c. DEGREE ATTENDING PHYS. <input type="checkbox"/>	22d. MED. DIRECTOR <input type="checkbox"/>	22e. STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED						
22d. PHYSICIAN'S NAME (Type) <i>Eldon G. Markman</i>	22e. ADDRESS <i>Princess Anne, Md.</i>									
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>9/15/68</i>	23c. NAME OF CEMETERY OR CREMATORIAL <i>Oliver</i>	23d. LOCATION (City or Town) (County) (State) <i>Princess Anne, Som. Md. (Rural)</i>							
24. FUNERAL DIRECTOR <i>James L. Hennion, Funeral Home, Md.</i>	ADDRESS	25a. REC'D BY REGISTRAR DATE <i>SEP 18 1968</i>	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>							
VR A1514 30M REV. 1-68										

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician or attending physician, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201												13511	
CERTIFICATE OF DEATH													
1. DECEASED-NAME (Type or print)	First	Middle	Last	2d. DATE OF DEATH			2b. HOUR						
George W. Colborn Jr				Sept	17	1968	10 <sup>AM</sup>						
3. SEX	4. RACE	White	5. DATE OF BIRTH			6. AGE (In years last birthday)	IF UNDER 1 YEAR		IF UNDER 24 HRS.				
male			April	12	1888	80	YRS.	MDNTHS	DAYS	HDURS	MIN.		
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED	9. COUNTY OF DEATH										
Pennsylvania	US	<input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVDRCD	Somerset										
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			12b. KIND OF BUSINESS OR INDUSTRY						
Princess Anne				Pharmacist									
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER									
Md.	Somerset	Princess Anne											
14. FATHER'S NAME	First	Middle	Last	15. MOTHER'S MAIDEN NAME	First	Middle	Lost						
George W. Colborn				Fannie Lamp									
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
(If yes give war or dates of service)		Bessie Colborn	Princess Anne Md.		3 years								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)													
PART I. DEATH WAS CAUSED BY:													
IMMEDIATE CAUSE (a) Chronic myocarditis													
DUE TO, OR AS A CONSEQUENCE OF													
428X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b)													
DUE TO, OR AS A CONSEQUENCE OF													
(c)													
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)													
4222 MEDICAL CERTIFICATION		19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTDPSY?		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
						YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)								
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION		Street or R.F.D. No.		City or Town		County	State	
22a. I certify that (I) (this hospital) attended the deceased from _____, 19_____, to _____, 19_____, that (I) (we) last saw the deceased alive on _____, 19_____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.													
22b. SIGNATURE		Eldon G. Marksman			DEGREE	ATTENDING PHYS.	<input checked="" type="checkbox"/>	MED. DIRECTOR	<input type="checkbox"/>	STAFF PHYS.	<input type="checkbox"/>	22c. DATE SIGNED	
22d. PHYSICIAN'S NAME (Type)		Eldon G. Marksman			22e. ADDRESS		Princess Anne, Md.						
23a. BURIAL, CREMATION REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORI			23d. LOCATION (City or Town) (County) (State)		Buried in Princess Anne, Md.				
Burial		9/14/68		Menokin Presbyterian									
24. FUNERAL DIRECTOR		ADDRESS			25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE						
James Sherman		Princess Anne			DATE SEP 18 1968		Clearley Judge						
VR A15 M 30M REV. 4/68													

1921

1921

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item #, Film G404 9/20/68 km

**CERTIFICATE OF DEATH**

13512

1. DECEASED-NAME (Type or print)	First <i>Lula</i>	Middle <i>Lou</i>	Last <i>Floyd</i>	2a. DATE OF DEATH Month <i>Sept.</i> Day <i>13</i> Year <i>68</i>	2b. HOUR <i>M</i>
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday) <i>69 1/2 yrs.</i>	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) <i>Maryland</i>	7b. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH <i>Somerset</i>		
10. CITY OR TOWN OF DEATH <i>Marion Station</i>	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) —	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <i>Seafood Worker</i>	12b. KIND OF BUSINESS OR INDUSTRY —		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <i>Md.</i>	13b. COUNTY <i>Somerset</i>	13c. CITY OR TOWN <i>Marion Sta.</i>	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER <i>P.O. Box 64</i>	
14. FATHER'S NAME First <i>John</i>	Middle <i>H.</i>	Last <i>Robertson</i>	15. MOTHER'S MAIDEN NAME First Middle <i>Mary Selvey</i>		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown <i>No.</i>	16b. SOCIAL SECURITY NO. (If yes give war or dates of service) <i>216-07-5207</i>	17. INFORMANT <i>Mrs. Emma Hall Marion Sta., Md. 21838</i>	Address <i>Maryland</i>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>24 hrs.</i>	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Nl of Heart.</i> DUE TO, OR AS A CONSEQUENCE OF (b) <i>Chronic Myocarditis C. dnt. Respiratio-</i> Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last. <i>428X</i> " " DUE TO, OR AS A CONSEQUENCE OF (c) <i>General Arteriosclerosis -</i> <i>19a. DATE OF OPERATION</i> <i>None</i>					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) <i>5221</i>					
MEDICAL CERTIFICATION					
19a. DATE OF OPERATION <i>None</i>	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner) <i>While at work</i>	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. <i>19</i>	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) <i>At home, Farm, Street, Factory.</i>			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> <i>at work</i>	21e. PLACE OF INJURY (OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. <i>—</i>	City or Town <i>—</i>	County <i>—</i>	State <i>—</i>
22a. I certify that (I) (this hospital) attended the deceased from <i>Sept 6</i> , 19 <i>68</i> , to <i>Sept 13</i> , 19 <i>68</i> , that (I) (we) last saw the deceased alive on <i>Sept 6</i> , 19 <i>68</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE <i>George C. Coulbourn M.D.</i>	DEGREE <i>M.D.</i>	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED <i>Sept 14-1968</i>
22d. PHYSICIAN'S NAME (Type) <i>GEORGE C. COULBOURN M.D.</i>	22e. ADDRESS <i>Marion Sta Md - 21838-</i>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>9/15/68</i>	23c. NAME OF CEMETERY OR CREMATORIAL <i>Isreal Memorial Acres</i>	23d. LOCATION (City or Town) (County) (State) <i>Princess Anne Som. Co</i>		
24. FUNERAL DIRECTOR <i>Charles H. Ward - Marion Sta, Md.</i>	ADDRESS	25a. REC'D BY REGISTRAR <i>Charles Judge</i>	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>		
DATE <i>SEP 18 1968</i>					

13215

in the day and also  
at night when  
there was no moon  
and the stars  
were visible.

At 10:30 AM some birds were seen.

At 11:00 AM a bird was seen.  
At 11:30 AM a bird was seen.

At 12:00 PM a bird was seen.

At 1:00 PM a bird was seen.

At 2:00 PM a bird was seen.

At 3:00 PM a bird was seen.

At 4:00 PM a bird was seen.

At 5:00 PM a bird was seen.

At 6:00 PM a bird was seen.

At 7:00 PM a bird was seen.

At 8:00 PM a bird was seen.

At 9:00 PM a bird was seen.

At 10:00 PM a bird was seen.

At 11:00 PM a bird was seen.

MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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13501		13513			
1. DECEASED NAME (Type or print)		First  Reba	Middle  Lee	Lost  Hall	2d. DATE OF DEATH Month Day Year Sept. 22, 1968
3. SEX  Female		4. RACE  White		S. DATE OF BIRTH  Jan. 31, 1893	6. AGE (In years lost birthday) 75 YRS.
7a. BIRTHPLACE (State or foreign country)  Crisfield		7b. CITIZEN OF WHAT COUNTRY?  U.S.A.		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH  Somerset
10. CITY OR TOWN OF DEATH  Crisfield, Md.		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)  McCready Memorial		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  Merchant	12b. KIND OF BUSINESS OR INDUSTRY  Grocery
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE  Maryland		13b. COUNTY  Somerset	13c. CITY OR TOWN  Marion Station	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER  R.F.D.
14. FATHER'S NAME First  Robert		Middle  Sterling	Lost	15. MOTHER'S MAIDEN NAME First  Effie	Middle  Lee
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown  No		16b. SOCIAL SECURITY NO.  (If yes give war or dates of service)		17. INFORMANT  Bryan J. Hall, Sr. - same as 13 abce Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  4369 <i>Arterial Vascular Accident</i>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  11 days			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  (b) <i>Generalized Arteriosclerosis</i>		DUE TO, OR AS A CONSEQUENCE OF  Unknown			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  331X					
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING  <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County State
22o. I certify that (I) (this hospital) attended the deceased from _____, 19_____, to 9/22, 1968, that (I) (we) last saw the deceased alive on 9/22, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE  <i>A. N. Barr, M.D.</i>		DEGREE ATTENDING PHYS.	MED. DIRECTOR <input checked="" type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED  9/23/68
22d. PHYSICIAN'S NAME (Type)  A. N. Barr, M.D.		22e. ADDRESS  Crisfield, Maryland			
23a. BURIAL, CREMATION, REMOVAL (Specify)  Burial		23b. DATE  Sept. 25, 1968	23c. NAME OF CEMETERY OR CREMATORIAL  Rehobeth Baptist Cemetery	23d. LOCATION (City or Town) (County) (State) Rehobeth- Somerset - Md.	
24. FUNERAL DIRECTOR  Bradshaw & Sons -- Crisfield, Md.		ADDRESS	25a. REC'D BY REGISTRAR  DATE SEP 30 1968	25b. REGISTRAR'S SIGNATURE  <i>Charles Judge</i>	

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2nd March 1904

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

## CERTIFICATE OF DEATH

13514

10. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.  
 To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. This certificate should be filed with the State Dept. of Health prior to a burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)	First William	Middle Thomas	Last Howeth	2a. DATE OF DEATH Month Sep. 18	Year 68	2b. HOUR 4:55 P.M.
3. SEX Male	4. RACE White	5. DATE OF BIRTH Nov. 23, 1875		6. AGE (In years last birthday) 92	IF UNDER 1 YEAR MONTHS YRS.	IF UNDER 24 HRS. DAYS HOURS MIN
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH Somerset			
10. CITY OR TOWN OF DEATH Crisfield, Md.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) McCready Memo.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) House Painter	12b. KIND OF BUSINESS OR INDUSTRY Painting			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Somerset	13c. CITY OR TOWN Crisfield	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER Rt. 1, Box 438		
14. FATHER'S NAME First Riley	Middle -	Last Howeth	15. MOTHER'S MAIDEN NAME M	First Margaret	Middle -	Last McGrath
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO. (If yes give war or dates of service) None	17. INFORMANT Mrs. Lillie Hall Howeth, Same as 13. abcde	Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> 4109 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Generalized Arteriosclerosis</u> DUE TO, OR AS A CONSEQUENCE OF (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 15 min Unknown		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4201						
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State	
22a. I certify that (I) (this hospital) attended the deceased from 9/16, 1968, to 9/18, 1968, that (I) (we) lost saw the deceased alive on 9/18/68 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.						
22b. SIGNATURE <i>A. N. Barr, M.D.</i>		DEGREE ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED 9/18/68		
22d. PHYSICIAN'S NAME (Type)	A. N. Barr, M.D.		22e. ADDRESS Crisfield, Maryland			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/21/68	23c. NAME OF CEMETERY OR CREMATORIAL Asbury Methodist Cemetery	23d. LOCATION (City or Town) Crisfield, Somerset, Md.	(County)	(State)	
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md. 21817	ADDRESS	25a. REC'D BY REGISTRAR DATE SEP 23 1968	25b. REGISTRAR'S SIGNATURE <i>Charles J. Judge</i>			

122

1881-1890

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  
Item 13 Film G40 972748 1dc

## CERTIFICATE OF DEATH

13502

13515

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.  
 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, file in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper pages 1 and 2, which should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after death.

1. DECEASED-NAME (Type or print)	First <i>Herbert</i>	Middle	Last <i>Lawson</i>	2a. DATE OF DEATH Month <i>Oct</i>	2b. HOUR Year <i>68 8:10 M</i>	
3. SEX <i>Male</i>	4. RACE <i>White</i>	S. DATE OF BIRTH <i>Nov 9, 1907</i>	6. AGE (In years lost birthday) <i>60</i>	IF UNDER 1 YEAR MONTHS <i>YRS.</i>	IF UNDER 24 HRS. MONTHS DAYS HOURS MIN	
7a. BIRTHPLACE (State or foreign country) <i>MD.</i>	7b. CITIZEN OF WHAT COUNTRY? <i>US</i>	B. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH <i>Somerset</i>			
10. CITY OR TOWN OF DEATH <i>Crisfield</i>	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital giving street address) <i>Holy Cross Hospital</i>	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <i>Waterman</i>	12b. KIND OF BUSINESS OR INDUSTRY <i></i>			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <i>Maryland</i>	13b. COUNTY <i>Somerset</i>	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER <i>R.F.D. #1</i>			
14. FATHER'S NAME First <i>Isaac</i>	Middle <i>Lawson</i>	15. MOTHER'S MAIDEN NAME First <i>Daisy Sterling</i>	Middle <i></i>			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) <i>Yes</i>	16b. SOCIAL SECURITY NO. <i></i>	17. INFORMANT <i>Mrs Philip Sterling</i>	Address <i>Crisfield</i>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>4 yrs -</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of Lung</i> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO, OR AS A CONSEQUENCE OF (c)						
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <i>163X</i>						
19a. DATE OF OPERATION <i>163X</i>		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED <i></i>	20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? <i></i>		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) <i></i>		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. <i>19</i>	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.) <i></i>			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) <i></i>	21f. LOCATION Street or R.F.D. No. <i></i>	City or Town <i></i>	County <i></i>	State <i></i>
22a. I certify that (I) (this hospital) attended the deceased from <i>Aug 15, 1968</i> , to <i>Sept 1, 1968</i> , that (I) (we) last saw the deceased alive on <i>Sept 1, 1968</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. <i>yes</i>						
22b. SIGNATURE <i>Sarah M. Peyton</i>		DEGREE <i></i>	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED <i>9/3/68</i>
22d. PHYSICIAN'S NAME (Type) <i>S. M. Peyton, M.D.</i>		22e. ADDRESS <i>Main St. Crisfield, Md.</i>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <i></i>		23b. DATE <i>Sept 3 1968</i>	23c. NAME OF CEMETERY OR CREMATORIAL <i>Sunny Ridge</i>	23d. LOCATION (City or Town) <i>Crisfield</i>	County <i>Somerset</i>	(State) <i>Md.</i>
24. FUNERAL DIRECTOR <i>James Henman Crisfield Md.</i>		ADDRESS <i></i>	25a. REC'D BY REGISTRAR DATE <i>SEP 6 1968</i>	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>		

23221

23221



MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13516

**HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death.

**FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)		First  Alice	Middle  M	Last  Lloyd	2a. DATE OF DEATH Month 9 Day 22 Year 68	2b. HOUR 8:40
3. SEX  Female	4. RACE  Negro	5. DATE OF BIRTH  2/7/1888			6. AGE (In years last birthday) 80 YRS.	IF UNDER 1 YEAR MONTHS IF UNDER 24 HRS. HOURS MIN.
7a. BIRTHPLACE (State or foreign country)  Maryland	7b. CITIZEN OF WHAT COUNTRY?  U.S.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED			9. COUNTY OF DEATH  Somerset	
10. CITY OR TOWN OF DEATH  Crisfield	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)  McCready Memo.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  Housewife			12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE  Md	13b. COUNTY  Somerset	13c. CITY OR TOWN  Marion	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER  Rural		
14. FATHER'S NAME  Washington	First  Middle  Gale	Last	15. MOTHER'S MAIDEN NAME  Harriet SchoField	First  Middle  Last		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown  No	16b. SOCIAL SECURITY NO.  713-16-7260	17. INFORMANT  ERNEST Lloyd Marion Md.	Address			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> Date of 7 Nov <u>428X</u> DUE TO, OR AS A CONSEQUENCE OF (b) <u>Chronic nephritis</u> Date of Nov 7 DUE TO, OR AS A CONSEQUENCE OF (c) <u>General arteriosclerosis</u>						
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <u>4221</u>						
19a. DATE OF OPERATION  no		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  nm		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)  no.	21f. LOCATION Street or R.F.D. No. —	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from <u>Sept 12</u> , 1968, to <u>Sept 22</u> , 1968, that (I) (we) last saw the deceased alive on <u>9/22/68</u> 19 <u>68</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.						
22b. SIGNATURE  George C Coulbourn M.D.		DEGREE ATTENDING PHYS.	<input checked="" type="checkbox"/>	MED. DIRECTOR	STAFF PHYS.	<input type="checkbox"/>
22d. PHYSICIAN'S NAME (Type)  G. C. Coulbourn, M.D.		22e. ADDRESS  Crisfield, Maryland	22c. DATE SIGNED			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE  9/26/68	23c. NAME OF CEMETERY OR CREMATORIAL  Mt. Pleasant	23d. LOCATION (City or Town)  Marion	(County) Md.	(State)
24. FUNERAL DIRECTOR  Anthony E. New Crisfield MD.		ADDRESS	25a. RECD BY REGISTRAR  Date SEP 26 1968	25b. REGISTRAR'S SIGNATURE  Charles Judge		

area

types of trees optimum condition  
and best suited for growth in  
the particular region

not suitable for timber

not suitable for timber

Items 18-22a Film 405 10-108 and  
MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13505

CERTIFICATE OF DEATH

13517

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.  
 Page 4 may be retained by the hospital or attending physician.  
 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove from the form. Please and 2  
 direct, page 3 should be detached for use as the burial-transit permit. Then please remove from the form. Please and 2  
 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First  Lillian	Middle  R.	Last  McGrath	20. DATE OF DEATH Month 9 Year 68	2b. HOUR A 3:30	
3. SEX  Female	4. RACE  White	5. DATE OF BIRTH  Sept. 12, 1885		6. AGE (in years lost birthday) 83	IF UNDER 1 YEAR MONTHS YRS.	IF UNDER 24 HRS. DAYS HOURS MIN.
7a. BIRTHPLACE (State or foreign country)  Maryland	7b. CITIZEN OF WHAT COUNTRY?  U.S.A.	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH  Somerset	Md.		
10. CITY OR TOWN OF DEATH  Crisfield	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)  Brentzey Memorial	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  Housewife	12b. KIND OF BUSINESS OR INDUSTRY  At Home			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE  Maryland	13b. COUNTY  Somerset	13c. CITY OR TOWN  Crisfield	13d. INSIDE CITY LIMITS?  YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER  125 Locust St.		
14. FATHER'S NAME First John	Middle W.	Last Riggin	15. MOTHER'S MAIDEN NAME First Grace	Middle Olevia	Last Sterling	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> na, or unknown	16b. SOCIAL SECURITY NO. 213-24-2282	17. INFORMANT James McGrath- P.C. Box 72- Gautier, Miss.	Address 39553			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis &amp; Cardiac Infarction</u> 818.1 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Bronchial arteriosclerosis &amp; Cerebral Hemorrhage</u> DUE TO, OR AS A CONSEQUENCE OF (c) <u>Fell from an automobile - expected to boulder 11 days</u>				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 days		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 825.4 *This showed old fracture of head of humerus, & started attacks of angina.						
19a. MEDICAL CERTIFICATION	19b. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year 4:00 PM Sept. 14 1968	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Patient caught her finger in car door car kept going & dragged her when she fell.				
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) Street	21f. LOCATION Street or R.F.D. No. Crisfield	City or Town Crisfield	County Somerset	State Md.	
22a. I certify that (I) (this hospital) attended the deceased from <u>Sept. 14, 1968</u> , to <u>Sept. 27, 1968</u> , that (I) (we) last saw the deceased alive on <u>9/29/68</u> 19 <u>68</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. <u>yes</u> Accident	22b. SIGNATURE  Sarah M. Peyton	DEGREE ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED 9/30/68	
22d. PHYSICIAN'S NAME (Type)	S. M. Peyton, M.D.	22e. ADDRESS Crisfield, Md.				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Oct. 1, 1968	23c. NAME OF CEMETERY OR CREMATORIAL Sunnyridge Cemetery	23d. LOCATION (City or Town) (County) (State) Crisfield -Somerset- Md.			
24. FUNERAL DIRECTOR Bradshaw & Sons -- Crisfield, Md.	ADDRESS Crisfield, Md.	25a. REC'D BY REGISTRAR DATE OCT 3 1968	25b. REGISTRAR'S SIGNATURE Charles Judge			

S1221

REVIEW OF THE

WILSONIANA IN THE LIBRARIES OF THE UNITED STATES

BY JAMES M. COOPER, JR., AND ROBERT L. HARRIS

ASSISTANT PROFESSOR OF HISTORY, UNIVERSITY OF TORONTO

AND ASSISTANT PROFESSOR OF HISTORY, UNIVERSITY OF TORONTO

MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1	13506			13518						
1. DECEASED-NAME (Type or print) <i>Susie Townsend Watkins</i>			First	Middle	Last	2a. DATE OF DEATH Month Day Year <i>9 25 68</i>	2b. HOUR <i>3:30 PM</i>			
3. SEX <i>Female</i>		4. RACE <i>White</i>	5. DATE OF BIRTH <i>6/27/1892</i>		6. AGE (In years last birthday) <i>76</i> YRS.	IF UNDER 1 YEAR MONTHS <i>0</i>	IF UNDER 24 HRS. DAYS <i>0</i>	2b. HOUR HOURS <i>3</i>	2b. HOUR MIN <i>30</i>	
7a. BIRTHPLACE (State or foreign country) <i>Md.</i>		7b. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH <i>Somerset</i>					
10. CITY OR TOWN OF DEATH <i>Crisfield</i>		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give name and address) <i>McCleary Hospital</i>			12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired) <i>Housework</i>			12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <i>Md.</i>		13b. COUNTY <i>Dorchester Harbor</i>			13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER <i>McClary St. Crisfield Md</i>			
14. FATHER'S NAME First <i>John</i>		Middle <i>Townsend</i>	Last	15. MOTHER'S MAIDEN NAME First <i>Bethel</i>	Middle <i>Marshall</i>	Last <i>Marshall</i>				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) <i>No</i>		16b. SOCIAL SECURITY NO. <i>All info given war or dates of service)</i>		17. INFORMANT <i>Mrs. Clara A. Smith Crisfield Md</i>	Address <i>years.</i>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>342X</i> Parkinsonism DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c)										
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <i>350X</i>										
19a. DATE OF OPERATION <i>350X</i>		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. <i>19</i>		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)						
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County	State	
22a. I certify that (I) (this hospital) attended the deceased from <i>Nov. 19 64</i> to <i>Sept. 19 68</i> , that (I) (we) last saw the deceased alive on <i>9-25 1968</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.										
22b. SIGNATURE <i>C.G. Rawley</i>		DEGREE	ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED <i>9-27-68</i>				
22d. PHYSICIAN'S NAME (Type) <i>C.G. Rawley</i>		22e. ADDRESS <i>324 Main St. Crisfield, Md.</i>								
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>9-28-68</i>	23c. NAME OF CEMETERY OR CREMATORIAL <i>Kendree</i>		23d. COMMUNION (City or Town) <i>Chesapeake Bay Md</i>		(Locality) <i>Chesapeake Bay Md</i>			(State)
24. FUNERAL DIRECTOR <i>Arthur J. Bulloch, East New Market</i>		ADDRESS		25a. READ BY REGISTRAR DATE <i>OCT 2 1968</i>		25b. REGISTRAR'S SIGNATURE <i>J. Charles Judge</i>				

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MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13507

13519

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death.

**10 FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completed, filled in completely, and signed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, page 3 and 2, and file with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)		First <b>Evelyn</b>	Middle <b>M.</b>	Lost	2d. DATE OF DEATH Month <b>9</b>	Doy <b>28</b>	Year <b>68</b>	2b. HOUR <b>3 A M</b>
3. SEX <b>Female</b>	4. RACE <b>White</b>	S. DATE OF BIRTH <b>July 15, 1918</b>		6. AGE (In years lost birthday) <b>50 YRS.</b>	IF UNDER 1 YEAR MONTHS <b>0</b>	IF UNDER 24 HRS. HOURS <b>0</b>	MIN. <b>0</b>	
7a. BIRTHPLACE (State or foreign country) <b>Baltimore</b>	7b. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH <b>Somerset</b>	Md.				
10. CITY OR TOWN OF DEATH <b>Crisfield</b>	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <b>Accomack Memo.</b>	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <b>Seafood laborer</b>	12b. KIND OF BUSINESS OR INDUSTRY <b>Seafood</b>					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <b>Maryland</b>	13b. COUNTY <b>Somerset</b>	13c. CITY OR TOWN <b>Crisfield</b>	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	13e. STREET AND NUMBER <b>Crockett Ave.</b>				
14. FATHER'S NAME First <b>Henry</b>	Middle <b>George</b>	Lost	15. MOTHER'S MAIDEN NAME First <b>Lillian</b>	Middle	Lost			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown <b>no</b>	16b. SOCIAL SECURITY NO. (If yes give war or dates of service) <b>220-26-3166</b>	17. INFORMANT <b>Louie White - same as 13 abce</b>	Address <b>16 Ave -</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arterio-Vascular hemorrhage</b>								
4319 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b), lost.								
DUE TO, OR AS A CONSEQUENCE OF (c)								
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
MEDICAL CERTIFICATION  <b>X</b>		19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
		21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)				
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> or work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State			
22a. I certify that (I) (this hospital) attended the deceased from <b>1966</b> , to <b>1968</b> , that (I) (we) last saw the deceased alive on <b>9/20/68</b> 19 <b>68</b> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) <input checked="" type="checkbox"/> (we) <input type="checkbox"/> (did) (did not) view the body after death.								
22b. SIGNATURE  <b>C.G. Rawley</b>		DEGREE  ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	<input type="checkbox"/>	22c. DATE SIGNED <b>9-30-68</b>		
22d. PHYSICIAN'S NAME (Type) <b>C.G. Rawley</b>		22e. ADDRESS  <b>Crisfield, Md.</b>						
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept. 30, 1968</b>	23c. NAME OF CEMETERY OR CREMATORIAL <b>Sunnyridge Cemetery</b>	23d. LOCATION (City or Town) <b>Crisfield - Somerset - Md.</b>	(County)	(State)			
24. FUNERAL DIRECTOR  <b>Bradshaw &amp; Sons - Crisfield, Md.</b>	ADDRESS  <b>Bradshaw &amp; Sons - Crisfield, Md.</b>	25a. REC'D BY REGISTRAR  <b>OCT 3 1968</b>	25b. REGISTRAR'S SIGNATURE  <b>Charles Judge</b>					

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